

## HICKMAN COUNTY OCCUPATIONAL TAX RETURN

This return is due on or before April 15, 2015 for the calendar year or within 105 days of the end of your fiscal year.

CALENDAR / FISCAL YEAR ENDED  
MONTH DAY YEAR

IF YOU HAVE BEEN GRANTED AN EXTENSION BY THE IRS,  
SEND A COPY OF THIS FORM ALONG WITH A COPY OF YOUR  
FEDERAL EXTENSION PRIOR TO DUE DATE.

NAME & ADDRESS  
OF EMPLOYER:

FED ID NO. \_\_\_\_\_  
STATE ID NO. \_\_\_\_\_  
SSN \_\_\_\_\_

### PLEASE CORRECT ANY ERRORS IN OWNERSHIP, NAME OR ADDRESS.

- |  |           |
|--|-----------|
| 1. Taxable income per Kentucky Form ( ) 720 ( ) 720S. Enter profit or loss             | 1. _____  |
| 2. Income from Schedule C enter profit or loss.  | 2. _____  |
| 3. Income from Schedule F enter profit or loss.  | 3. _____  |
| 4. Income from Schedule E enter profit or loss.  | 4. _____  |
| 5. Partnership Earnings before any guaranteed payments to partners                     | 5. _____  |
| 6. Other Income  | 6. _____  |
| 7. Total of Lines 1 thru 6.  | 7. _____  |
| 8. Income earned outside of Hickman County (attach Schedule showing computation)       | 8. _____  |
| 9. Income earned in Hickman Co. including the City of Clinton<br>(Line 7 minus line 8) | 9. _____  |
| 10. License Fee (1.00% of line 9)  | 10. _____ |
| 11. Interest: 1.00% per month of line (10) after 04-15                                 | 11. _____ |
| 12. Total Payment due (add lines 10 and 11)  | 12. _____ |

THIS RETURN IS DUE ON OR BEFORE APRIL 15, 2014 FOR THE CALENDAR YEAR OR WITHIN 105 DAYS OF THE END OF THE FISCAL YEAR.

\_\_\_\_\_  
**BY CHECKING HERE AND ENCLOSING MY CHECK IN THE AMOUNT OF \$750.00, I  
HEREBY PAY THE MAXIMUM NET PROFIT TAX DUE FOR CALENDAR YEAR 2015 (\$750.00), AND  
WAIVE THE FILING OF ANY DOCUMENTS WHATSOEVER.**

**ORDINANCE READS: ANYONE WHO OWES TWENTY FIVE (\$25.00) DOLLARS OR LESS IN A  
REPORTING YEAR SHALL BE EXEMPT FROM THE REQUIREMENTS OF THIS ORDINANCE.**

MAKE PAYMENTS AND MAIL TO:

HICKMAN COUNTY TAX ADMINISTRATOR  
116 SOUTH JEFFERSON STREET  
CLINTON KY 42031

PHONE # (270) 653-6195

I HEREBY CERTIFY THAT THE INFORMATION, SCHEDULES, STATEMENTS AND EXHIBITS FILED  
HEREWITH ARE TRUE AND CORRECT.

SIGNED \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_

THIS FORM MUST BE SIGNED AND ACCOMPANY YOUR REMITTANCE  
TAXPAYER NOTE: MAKE A COPY OF THIS FORM FOR YOUR RECORDS.